MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-7)

CERTIFICATE OF DEATH

08804

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Grasonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Grasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Peter C. Butler

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife: Ida Butler deceased — (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Nov. 1 - 1865

8. AGE:

Years	Months	Days	If less than one day
74	9	21	____ hrs. ____ min.

9. Birthplace: Queen Anne Co.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: James Henry Butler
13. Birthplace: Queen Anne Co

MOTHER
14. Maiden name: Adeline Clayton
15. Birthplace: Queen Anne Co

18. Informant: Warren Butler
Address: Grasonville, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Aug. 24 - 1940 (month) (day) (year)
Cemetery or crematory: Grasonville Md.
Location: Grasonville, Md.

18. Funeral director: Argie W. Eddins
Address: Centreville, Md.

19. Aug. 24 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 22 - 1940, at 2 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 1940 to Aug 22 1940; and that I last saw him alive on Aug 22 1940

Immediate cause of death: Cardiac Asthma — DURATION

Due to

Due to: Chr. Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas E Snyder M. D. or other
Address: Stevensville Date signed 8/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-5)

CERTIFICATE OF DEATH

08805

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Mr Hope Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 55 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Mr Hope Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Mary Priscilla Everngam

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Lorenzo J. Everngam
6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Sept 8 - 1874

8. AGE:

Years	Months	Days	If less than one day
65	11	15	hrs. min.

9. Birthplace: Caroline Co - Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Willoughby
13. Birthplace: Queen Anne Co - Md
MOTHER 14. Maiden name: Lucy Wright
15. Birthplace: Caroline Co - Md
16. Informant: Lorenzo Dow Everngam
Address: Queen Anne Sta Md
17. Burial (Burial, cremation, or removal, where?) Date thereof Aug 25-40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Earle Bros.
Address: Centreville, Md
19. Aug. 24 1940 (Date rec'd by registrar) Mamie S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 23- 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14- 1940, to Aug 23- 1940, and that I last saw her alive on Aug 14- 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	9 dys
Due to High blood pressure	
Due to Chronic Nephritis.	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed 8/23/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08806

CERTIFICATE OF DEATH

Reg. Dist. No. 263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): 67 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Queen Anne
City or town: Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: William Edward Kersey

3. (b) Social Security Number: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Mary Eliz Collier
6(c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): Febr. 26. - 1873
8. AGE: Years: 67 Months: 5 Days: 23 If less than one day: hrs. min.
9. Birthplace: Kent Island - Md (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Wm F. Kersey
13. Birthplace: Talbot Co - Md
MOTHER 14. Maiden name: Ruth Anne Island
15. Birthplace: Kent Island - Md
16. Informant: Mrs Lee E. Kersey
Address: Chester - Md
17. Burial (Burial, cremation, or removal. Which?): Date thereof: Aug 23 - 40 (month) (day) (year)
Cemetery or crematory: Stevensville
Location: Stevensville Md
18. Funeral director: Burton Bros
Address: Centreville Md
19. (Date rec'd by registrar): Aug 22 19 40 J. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 21 1940, at 6 55 p M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 8 1940, to Aug 21 1940, and that I last saw him alive on Aug 20 1940.

Immediate cause of death	DURATION
Chronic interstitial nephritis	about 3 Yrs
Due to Arteriosclerosis	3 Yrs
Due to Apoplexia with hemiplegia	June 20, 1940
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Theodor Stettelmeier M.D.
M. D. or other
Address: Stevensville Date signed 8/22/40

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SEP 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 25 3 — 08807

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Annes
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Q. A.
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Charles Lane

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Rosina Lane, Deceased
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 17th 1859

8. AGE:

Years	Months	Days	If less than one day
80	10	21	..... hrs. ..... min.

9. Birthplace Caroline Co., Md.
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business Farm
FATHER 12. Name James Lane
13. Birthplace Talbot Maryland
MOTHER 14. Maiden name Emma A. Gordon
15. Birthplace Centreville
16. Informant Stanley Lane
Address Stevensville
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 4th 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Stevensville
18. Funeral director F. C. Thomas
Address Stevensville, Md.
19. Aug 3rd 1940 (Date received by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2nd 1940 at 10 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1937, to Aug 2nd 1940
and that I last saw him alive on Aug 2 1940

Immediate cause of death	DURATION
chronic Cholecystitis and cholelithiasis	1937
Due to Hepatitis chronica suppurativa (Abscess)	1938
Due to Endocarditis mitralis	1938
Other conditions Anemia	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Theodor Dattelmair M. D. or other
Address Stevensville Date signed Aug 5, 1940

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BUREAU V. S.

08808

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: Queen Anne

County

City or town Near Price

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Trinitt Porter

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Graham Porter

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): March 20 - 1873

8. AGE: Years 67 | Months 4 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: near Centreville Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: John T. Murphy
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Anne Riggin
15. Birthplace: Md

16. Informant: Mrs Elise Marvel (Daughter)

Address: Ridgely Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Aug 11, 1940
(month) (day) (year)

Cemetery or crematory: Church Hill

Location: Church Hill Md.

18. Funeral director: Wm. H. Good

Address: Church Hill Md.

19. Aug. 10 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 8 - 1940, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 - 1937, to Aug 8 1940, and that I last saw her alive on Aug 7 - 1940.

Immediate cause of death: Carcinoma of Sigmoid

Due to: Ulcer of intestine & Colitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of Sigmoid

Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher
M. D. or other

Address: Centreville Md Date signed 8/10-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08809

1. PLACE OF DEATH (186a)

County Queen Anne Registration Dist. No. 252

Village or City near Wye Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Carrie Malissa Robinson

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Robinson (Deceased)

6. DATE OF BIRTH (month, day, and year) May 10 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lady

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME John Purnell Murphy

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Norman Parrot (Daughter) (Address) Queen Anne Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Easton Date Aug 22, 1940

19. UNDERTAKER James A. Spence (Address) Easton - Md

20. FILED Aug. 21, 1940 Mamie S. Bright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 20, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1940, to Aug 20, 1940

I last saw her alive on July 31, 1940; death is said to have occurred on the date stated above, at 4:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	
Fracture of hip due to accidental fall; fell off chair. C.W.S.R.	

Other Contributory Causes of Importance: Has been in bed for 11 weeks with fracture of hip.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 24, 1940

Where did injury occur? near Wye Mills, Maryland. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. at her home

Manner of injury Accidentally fell off chair.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Henry Fisher M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

08810

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Annes

City or town: Near Millington Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Annes

City or town: Near Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John M. Robinson

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margarette

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Dec. 11, 1878

8. AGE: Years	Months	Days	If less than one day
62	8	11	____ hrs. ____ min.

9. Birthplace: Queen Annes (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: William C. Robinson

13. Birthplace: Del.

MOTHER — 14. Maiden name: Martha Woodall

15. Birthplace: Queen Annes

16. Informant: Margarette Robinson

Address: near Millington

17. Burial-12:30 (Burial, cremation, or removal. Which?) Date thereof Aug 25, 1940 (month) (day) (year) Sunday

Cemetery or crematory: Double Creek Cem.

Location: Crumpton

18. Funeral director: Edward F. Fellows

Address: Millington, Md.

19. Aug 25 1940 (Date rec'd by registrar) F. M. Slade Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 22nd 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 22nd 1940, to Aug 22nd 1940, and that I last saw him alive on Aug 22nd 1940.

Immediate cause of death	DURATION
Acute Cerebral Embolism	
Due to	
Due to	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. L. Copeland M. D. or other

Address: Millington Md. Date signed Aug 24th 40

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SEP 5 1940
BUREAU V. S.

08811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Queen Anne

City or town: Barclay rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 1 wk.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balt. City

City or town: Baltimore Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 104 E. 25th St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Skinner

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single ✓

8 (b) Name of husband or wife: ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 25, 1940

8. AGE: Years | Months | Days | If less than one day ____ hrs. ____ min.

Stillborn

9. Birthplace: Barclay, Md.
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Calvin Skinner
13. Birthplace: ?

MOTHER
14. Maiden name: Eleanor Stevens
15. Birthplace: Barclay, Md.

18. Informant: Eleanor Skinner
Address: 104 E. 25th St, Balt. Md

17. ____ (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory ____

Location ____

18. Funeral director ____

Address ____

19. ____ (Date rec'd by registrar) 19__ ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 25 1940, at 11:30 P.M. (time of still-birth)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ✓ 19__, to ✓ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death: still birth

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ____

Of autopsy ✓

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: J. Hufer MD
M. D. or other

Address: Ridgely Md Date signed: 9-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

S.

Sig.

RECEIVED
SEP 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08812

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne
City or town near Barclay
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Rural near Barclay Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Hilda Welch

3. (b) Social Security Number –

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	White	single

6 (b) Name of husband or wife –
6(c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) May 18 1939

8. AGE: Years 1 | Months 3 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Rural near Barclay, Md.
(Town, county, and state)

10. Usual occupation –

11. Industry or business

FATHER 12. Name Granville Welch
13. Birthplace Talbot County

MOTHER 14. Maiden name Minnie Van Austenbridge
15. Birthplace Md.

18. Informant Granville Welch
Address Rural near Barclay

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 3 1940 (month) (day) (year)
Cemetery or crematory Church Hill
Location Church Hill

18. Funeral director Wm. H. Good
Address Church Hill

19. Aug. 31 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31. 1940 at 6.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31. 1940 to Aug 31 1940, and that I last saw h alive on the was dead. Time of death

Immediate cause of death	DURATION
Strangulation	
Due to Accidental auto	
Due to Blood poisoning from bite of dog	
Other conditions None	

(Include pregnancy within 3 months of death)
Major findings:
Of operations –
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Aug 31 1940
Accident, ~~suicide, or homicide~~ Date of
Where did injury occur? Roberts near Barclay Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Roberts
Means of injury Accident Injured at work?
Operator U. S. Dead Dog

23. SIGNATURE Church Hill M. D. or other
Address Date signed Aug 31

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SEP 5 1940
BUREAU V. S.

08813

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e)

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Near Queenstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Stevensville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: James Weston

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife: Rosa B
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Aug 22 1873

8. AGE: Years: 66 Months: 11 Days: 11 If less than one day: hrs. min.

9. Birthplace: Queen Ann Co (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: public

FATHER
12. Name: James A. Weston
13. Birthplace: Queen Ann Co

MOTHER
14. Maiden name: Elizabeth Grimes
15. Birthplace: Queen Ann Co

16. Informant: Mrs Rosa Weston
Address: Stevensville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 5 1940 (month) (day) (year)
Cemetery or crematory: Stevensville
Location: Stevensville Md.

18. Funeral director: Maurice E. Hennarrison
Address: Easton Md

19. Aug 4 1940 (Date rec'd by registrar) - Helen M. Aldridge, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 3 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Compound Comminuted Fractured Skull
Due to: Skull Crushed
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8-3-40
Where did injury occur? Queenstown Q.A. Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Bennets Point Road
Means of injury: Automobile Truck Injured at work? yes.

23. SIGNATURE: Samuel J. Price M.D. (M. D. or other)
Address: Queenstown Date signed: 8/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.